

by silodosin was effective for stones ≥ 5 mm. Silodosin is used in Japan, the United States, Korea, Germany, Lebanon, Ireland, Spain, France, Portugal, Belgium, Romania, Taiwan, Italy, Greece, Netherland, Russia, Czech, Slovakia, Canada, Bulgaria, Cyprus, and Turkey. We believe that silodosin might have potential as a MET for distal ureteral stones.

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The efficacy of Rowatinex and Tamsulosin in selected patients with ureteral stones: A controlled study

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Introduction & Objectives: The aim of this study is to express the efficacy between Rowatinex (Terpenes) and Tamsulosin (MET) in the treatment of patients with selected ureteral stones ≤ 7 mm.

Material & Methods: Between January to December 2012, 105 patients from our medical office were included in these study. Patients were randomized in two groups. In Group 1 (n=57 pts, those received 100 mg Rowatinex capsules 3 times a day) and in Group 2 (n=48 pts, those received 0.4 mg tamsulosin once daily). All patients were followed up for 30 days. Intermittent additional therapy for two groups were spasmotek tablets (10 mg Hiyosin N-Butylbromur & 500 mg Paracetamol). Spontaneous stone expulsion and/or disappearance of dilatation of the collecting system were followed by plain abdominal radiography and ultrasonography in 2 and 4 weeks.

Results: Mean age of the patients was 39 ± 12.1 years-old. Gender: male to female ratio 2:1. The mean stone expulsion time was 16 days in Group 1 and 26 days in Group 2, (P=0.02). Comparing the efficacy of treatment in both groups, the overall stone expulsion rate was significantly higher in the Rowatinex group as compared to Tamsulosin group: 82% and 53%, respectively ($0.025 > p > 0.01$). All patients were optimally informed and continuously motivated to drink more than 1.5L water/day. No statistically significant differences were detected between two groups regarding patient age, gender. Five patients in the Rowatinex group had mild to moderate gastrointestinal disturbances.

Conclusions: Medical treatment with Rowatinex seems to be more effective than Tamsulosin in dissolving and in spontaneous expulsions rate in selected ureteral stones.

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Efficacy of tamsulosin in the management of lower ureteral stones: A randomized double-blind placebo-controlled study of 100 patients

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Introduction & Objectives: To study the impact of tamsulosin on the rate of spontaneous passage of distal ureteral stones.

Material & Methods: A total of 100 patients with stones sized 10 mm or smaller, located in the distal part of the ureter were included. Patients were randomly assigned to 2 equal groups. Group 1 received 0.4 mg tamsulosin once daily and group 2 received placebo. The investigators and the patients were masked to the type of treatment. Patients were followed-up until passage of the stone, or for a maximum of 4 weeks. The number of pain episodes, need for analgesia, stone expulsion rate and time, and possible side effects of medications were observed in both groups.

Results: Apart from 4 patients in the placebo group who were lost to follow-up, all patients complied with the prescribed medications and continued the study. Stone expulsion occurred in 41 of 50 patients (82%) in group 1 and in 28 of 46 patients (61%) in group 2 (P 0.02). The chance of stone expulsion was 3 times higher in the tamsulosin group (relative risk [RR] 2.93; 95% CI, 1.152–7.45). In group 1, patients with stones sized < 5 mm showed a significantly higher expulsion rate compared to those with larger stones (≥ 5 mm). Age, gender, and stone laterality had no significant impact on the expulsion rate. The expulsion time was significantly shorter in the tamsulosin group (6.4 ± 2.77 days vs 9.87 ± 5.4 days for groups 1 and 2, respectively). Moreover, the frequency of pain episodes, the need for diclofenac, and its total dosage were significantly lower in the tamsulosin group. Side effects observed in both groups were comparable and mild, and no patient withdrew because of them.

Conclusions: Tamsulosin is a safe and effective drug that enhances spontaneous passage of distal ureteral stones sized 10 mm or smaller.

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Effects of naftopidil or butylscopolamine for the ureteral stone events

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Introduction & Objectives: Urolithiasis is a common disease and its incidence in the developed countries is increasing. Urinary stones are frequently located in the ureter. Ureteral stones, which are smaller than 5 mm, are possible to pass spontaneously. However, stones in the ureter, which are larger than 5 mm, are unlikely to expel. In these cases, medical expulsive therapy due to ureteral relaxation could be used. Activation of muscarinic and adrenergic receptors increases the amplitude of ureteral contractions. Therefore, the blockade of these receptors is likely to cause stone expulsion as well as ureteral relaxation. In this present study, we carried out a prospective randomized, single, parallel group study to evaluate the effects of naftopidil and butylscopolamine as a medical expulsive therapy (MET) for symptomatic ureteral stones.

Objective: To evaluate the efficacy of MET with α -blocker, naftopidil and nonselective anti-cholinergic agent, butylscopolamine for symptomatic ureteral stones.

Material & Methods: From October 2008 to March 2011, 35 patients with symptomatic ureteral stones (proximal, middle, distal) were eligible and divided into two groups randomly. Naftopidil group received naftopidil 1 tablet (25 mg), tid for 4 weeks, while Buscopan[®] group received butylscopolamin 1 tablet (10 mg), tid for 4 weeks. The stone expulsion rate as a primary endpoint and stone expulsion time, adverse event, and number of colicky episodes with requirements for pain killer as a secondary endpoint, were documented during the 28-day follow up.

Results: 35 patients enrolled, 2 were lost, and 33 patients completed the present study. There was no statistically significant difference between the two groups with respect to age, gender and mean stone size except stone location (Table).

	Naftopidil group	Buscopan [®] group
Number	18	15
Male/female	10/8	10/5
Age (median)	26–74 (51)	38–75 (56.5)
Stone location (proximal/middle/distal)	6/0/12	11/1/3
Stone size (mean)	3–10 (5.4)	3–8 (5.0)